

Documentation

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Objectives

At the conclusion of this presentation the learner will be able to:

- › describe three items needed to provide quality documentation
- › describe three ways to use standardized language in nursing documentation
- › list four issues impacting documentation secondary to the FERPA, HIPAA, and other laws
- › state two types of plans potentially needed for the student health and education plan

Documentation

- › It is not just about writing down that you cleaned off the boo boo... It includes a whole lot more!
 - Confidentiality issues
 - Complexity of legal issues
 - Meeting the chronic and acute medical health needs of each student
 - Dealing with families and staff

Health Records

- › Communication tool
- › Reflects student health problems that should be addressed
- › Can help in evaluation of school health programs, quality assurance, and program outcomes
- › Communicate the health history when a student transfers to another school

Quality Documentation Basic Principles

Provides a complete picture of

- › The client
- › The nursing care provided
- › Desired outcomes

Principles apply to any formal document

- › Health Record or Educational
- › Hand-written or electronic

Basic Documentation

Includes:

- › Assessment:
 - History
 - Subjective Data (what they say)
 - Objective Data (what you see)
 - Nursing Diagnosis
 - Nursing Goal
 - Nursing Interventions (actions)
 - Nursing outcomes (what happened)
- › Time of arrival and departure
- › Notification of parent (time and phone #s)

Example

Message from Nurse, Date _____, Time _____, Grade _____

Subjective: Your child came to the clinic at _____ and had the following information:

Subjective: Headache _____, Fever _____, Cough _____, Stomach Pain _____, Headache from tooth _____

Insisting problems _____, vomit _____, Stomach _____, Ear Ache _____, Eye _____, Nose bleed _____, Other _____

Signs _____

Objective: Headache _____, Heart Rate _____, Respirations _____, Temperature _____, Eye check (yes/no) _____, etc.

Assessment: _____

Plan: _____

Follow up: _____

Signature: _____

Print the name of your child and the date and time of service

Do not forget to sign the back of the form

Subjective/Objective Assessment

Subjective

- Record only the student's or the parent's own words
- Avoid terms that suggest error such as "accidentally" or "by mistake"

Objective

- Document only objective data relevant to the student's care and not personal judgments
- Be precise about measurements and use new abbreviations (changed over the years)

- Be accurate, objective, succinct, thorough, timely, well organized, legible, spell words correctly
- Include only essential information
- Accompany every entry by the nurse's name, nurses credentials, date, and time of service
- Write handwritten notes in ink
- Keep copies of all notes sent home

Extra Thoughts

- › Charting by exception? Written policy in place?
- › Don't erase or use white out. Draw line through error, initial the line and then write the correct entry
- › Put the entry in the wrong file? Put a line through the incorrect material, initial, and make notation "Entry made in error" Late entry? Try not to keep current... but sometimes life happens, note it with "late entry"

Documentation/Disposal

- › Documentation
 - a. Electronic: security issues/backup issues
 - b. Handwritten
- › Disposal of Records
http://www.lva.virginia.gov/agencies/records/sched_local/GS-21.pdf

Standardized Language In Nursing Documentation

Nurses MUST USE a Standardized Language Why?

- Use of common language
- › Nanda: Approved list of Nursing Diagnosis
- › NIC: Nursing Interventions Classification
- › NOC: Nursing Outcome Classification

<http://www.orschoolnurse.org/flyers/Student%20Nurse%20Resources/Standardized%20Nursing%20Languages.pdf>

NANDA International

"The NANDA-I taxonomy currently includes 206 nursing diagnoses that are grouped (classified) within 13 domains (categories) of nursing practice: Health Promotion; Nutrition; Elimination and Exchange; Activity/Rest; Perception/Cognition; Self-Perception; Role Relationships; Sexuality; Coping/Stress Tolerance; Life Principles; Safety/Protection; Comfort; Growth/Development".

<http://nanda-host4kb.com/article/AA-00235/37/English-Frequently-Asked-Questions-Nursing-Diagnosis-Taxonomy/What-is-taxonomy-.html>

<http://www.nanda.org>

Nursing Interventions Classification

- › NIC is essentially the actions we do for the students
- › Simple as cleaning a wound and complex as doing CPR and calling for the paramedics

Break Out Time

- › In Groups of two to four people and write down all of the "Nursing DX" that you currently use in your school nurse setting.

Lets see if they are approved NANDA Nursing Diagnosis? Many are not as school nursing is an unique setting. We need school nurses to come up with our own set of nursing dx and present them to the NANDA International Board.

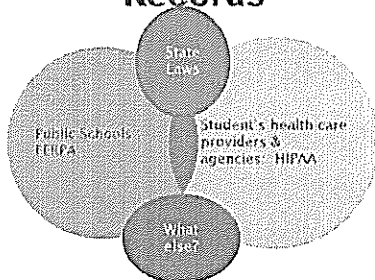
Management of School Health Records....Your Documentation!

- › Challenging responsibility for school nurse
- › School health records include personally identifiable health information of the students in most situations are generally considered education records rather than health care records.

Personally Identifiable Information In The School Health Setting

- › Direct identifiers which are obvious...
Name, address, SSN
- › Indirect identifiers that would have the effect of identifying a student
Question you need to ask yourself? Can a "reasonable person in the school community" – someone without personal knowledge of the circumstances – identify the student

Laws/Rules Affecting Management of Health Records



Federal Rules by....

- › FERPA – Family Education Rights and Privacy Act
 - Passed in 1974 and has been amended 10 times
- › HIPAA – Health Insurance Portability & Accountability Act
 - Passed in 1996
 - 20 U.S.C. § 1232g and 34 CFR Part 99

FERPA

- › Statute: 20 U.S.C. § 1232g
- › (§ 444 of the General Education Provisions Act (GEPA)
- › Regulations: 34 CFR Part 99
- › Latest changes to regulations:
 - December 2, 2011 - <http://www.gpo.gov/fdsys/pkg/FR-2011-12-02/pdf/2011-30583.pdf>
 - December 9, 2008 - <http://www2.ed.gov/legislation/FedRegister/finrule/2008-4/120908a.pdf>

FERPA pertains to...

- › All public schools
- › Private schools, federal \$\$
- › Colleges & universities, federal \$\$
- › Student records maintained by employees of health departments, hospital or other agency contract to provide health services for a school district
- › US Department of Education

FERPA pertains to...

- › Education Records: any records with personally identifiable information about a student maintained by the school, staff members, contracted employees
- › Education Records: student health records, pupil services records, & third-party health records

What are education records?

- › Records directly related to a student and maintained by an educational agency
- › Student health records at the elementary and secondary level (immunization record, physical exam, health screening results, etc.)
- › Nurses and Practitioners of the Healing Arts notes (documentation) in the official student file
- › Special Education records

HIPAA Privacy Rule and School Health Records

- › Health Insurance Portability and Accountability
- › Act of 1996, Public Law 104-191
- › Key document: The Standards for Privacy of Individually Identifiable Health Information
- › The Privacy Rule

Who is a “covered entity” and must comply with HIPAA rules?

Health Plans

Health Care Clearinghouses

Health Care Providers

What information is covered?

The Privacy Rule protects all “individually identifiable health information” held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

How does HIPAA Impact School Practices?

- › Health care providers who electronically transmit health information in connection with certain transactions are covered entities.
- › Schools could be covered entities if billing Medicaid for Medicaid covered services in the school setting.
- › Health care professionals schools collaborate with are subject to HIPAA standards.

Access to Protected Health Information

- › Individual
- › Emancipated Youth
- › Parent, if individual is a minor

State Laws

- › State Education Codes include laws addressing education records
- › Mental Health
- › Most State Education Records laws are modeled after FERPA
- › Minors rights laws conflict
- › NASBE
http://www.nasbe.org/healthy_schools/hs/state.php?state=Virginia

Problems and Confusion for School Nurses

- › FERPA predates
 - IDEA
 - Electronic Student Records Security
 - Email
 - Internet
 - 3rd party Reimbursement
 - HIPAA
- › Does not directly address health records
www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

2008 Joint Guidance Application of FERPA and HIPAA

- › States that if a public high school employs a health care provider that bills Medicaid electronically for services provided to a student under the IDEA, the school is a HIPAA covered entity and would be subject to the HIPAA requirements concerning transactions

<http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>

2008 Joint Guidance Application of FERPA and HIPAA

- › Also states if the school's provider maintains health information only in what are education records under FERPA, the school is not required to comply with the HIPAA Privacy Rule.
- › Instead, the school would have to comply with FERPA's privacy requirements with respect to its education records, including the requirement to obtain parental consent (34 CFR § 99.30) in order to disclose to Medicaid billing information about a service provided to a student.

Written Consent

- › When in doubt, have them write it out...
 - › Confidentiality— best practice is always to obtain written consent

Applying HIPAA and FERPA

Student is at the health department. The health department calls and wants you to send over the immunization record. What do you do?

Your Answer?

Scenario

Student tells you he is so mad he wants to kill his teacher. You know that this student sometimes is dramatic but you seem to be the only one that he says he can talk to. He also mentions that he knows where he could get a weapon. He is 8 years old and has a diagnosis of Depression. Do you break confidence and tell someone in authority?

Your Answer?

Scenario

Child who is HIV positive. Principal wants you to let everyone in building know that he has is HIV positive. What do you do?

A Little Help...

FERPA Permitted Disclosures

Permitted uses of student information without consent:

- › *Internal sharing* for "legitimate educational interest" as defined by the school district
- › *External release* if
 - Directory information
 - To school which student intends to enroll
 - Exceptions

LEGITIMATE EDUCATIONAL INTEREST

FERPA doesn't specify meaning for LEI – therefore, must apply ethical principles which underlie the intent of all privacy laws

- › Use consistent with purposes
- › Case-by-case decisions
- › Having access to a level of records doesn't automatically mean access to all records in that category
- › Necessary to perform task/service or relevant determination about student
- › Used within context of school district business
- › Balanced interests – individual/community

Your Answer?

**Conflicts/Competing Sets
Of Priorities Between
Educators and Health Care
Happen Every Day....**

Examples

- › Let's share.....

**Professional And Ethical
Standards**

- › Review Scope and Standards if you don't know these or review a good ethics book
- › Once again, I say...get permission from the parent or the emancipated student in writing.

Student Health Plans

Section 504/ IEP/ Other Health Issues

- › Individual Healthcare Plan
- › Emergency Action Plan

Section 504

Section 504 of the Rehabilitation act of 1973

- › Prohibits discrimination of qualified individuals w/disabilities.
- › Disability* (in educational setting) can be anything that interferes with learning.
- › anything that significantly restricts a major life activity (caring for self, hearing, speaking, breathing, learning, working)
- › Has a "record" of disability (ex: hx of mental d/o, heart disease, cancer, ADHD)
- › "Regarded" as having physical or mental impairment (ex: walk w/limp, scars, etc)

http://www.rehabilitation.gov/504/504info/504faq.htm
 504C of the Rehabilitation Act of 1973
 504C of the Rehabilitation Act of 1973
 504C of the Rehabilitation Act of 1973

Section 504

- › Nurses Role in documentation of 504
 - The student's IHP and/or ECP are an appropriate starting point for Section 504 accommodations (Sampson & Galemore, 2012)
 - Update IHP and ECP every year or more frequently as condition changes

Emergency Action Plans

- A plan devised by the nurse for the staff to help the student until the nurse can get there
- Needs to be updated annually or as condition warrants

EMERGENCY PLAN FOR INDIVIDUAL STUDENT

Student Name: _____ School: _____
 Teacher: _____
 School Year: _____
 School Nurse Signature: _____
 School Nurse Title: _____
 Date: _____

If You See ANY Of:	Do This:
Loss of appetite, vomiting	
Change in behavior, "not himself"	Call nurse for assistance for medication.
Visual eye problems	
Abnormal bowel pattern	
Abnormal urination	
Unusually pale	
Seizure	Call nurse for assistance for medication.
Other	

Notes: (For teacher's use only) If you see any of the above, call the nurse at _____
 If the student is ill, call the nurse at _____
 If the student is injured, call the nurse at _____
 If the student is in danger, call the nurse at _____
 If the student is in danger, call the nurse at _____
 If the student is in danger, call the nurse at _____

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